City of Aztec 201 West Chaco Aztec NM 87410 www.aztecnm.gov



Office: (505) 334-7670 Fax: (505) 334-7679

License No._____ License Fee: \$1,000.00

APPLICATION FOR BUSINESS LICENSE Adult Oriented Business

PLEASE PRINT			
Legal Name of Business:			
Trade Name (DBA):			
Physical Address:			
Mailing Address:			
Business Phone #:			
Business Email Address:			
Business Website Address			
REQUIRED: State of New			
Federal Employer Id # (FEIN)	If no FEIN, please provide	Social Security Number
PRIMARY TYPE OF BUSI	NESS	S IN NEW MEXICO (Check One)	
□ 01 - Agriculture		05 - Trans, Comm. Utility	□ 09 - Service-General
□ 02 - Mining		06 - Wholesale	☐ 10 - Service-Food
□ 03 - Construction		07 - Retail	☐ 11 - Government
□ 04 - Manufacturing		08 - Finance, Ins, Real Estate	
Describe the nature of Bus	iness.	Please be very specific.	
Date business started or w	ill star	t in Aztec:	
Business is located in:		Commercial or Retail Building	☐ Private Residence
	•	onstruction modifications to the bull systems?Yes No.	ilding/space, or any changes to the
If yes, contact the City of A Aztec or call 505-334-7604		•	ent located at City Hall, 201 W Chaco in
Please intial to confirm that	the lo	ocation of the business meet all a	oplicable building and fire codes: Initials

Type of Ownership:		Proprietorship (Sole Owner)		
Please check one.		Partnership (LP,LLP,LLLP,LPA)		. ,
		Limited Liability Company (LLC)	Attach IRS Determi	nation Lettter
<u>Individual</u>				
Name of Owner:				
Home Address:				
Driver's License # and S	tate of	Issue:	_ Home Phone #:	
Corporation, Limited Li	ability	Co, or Partnership		
Name of Corportation/S-Corpo	ration, Li	mitied Liability Co, or Partnership		
Contact Name		Title/Position	Home Phone #	
Home Address				
Contact Name		Title/Position	Home Phone #	
Home Address Street		City	State	Zip Code
	idual rocu	consible for accepting service of process fo		
Registered Agent - The main	uuai ies	oursible for accepting service of process to	an enucy.	
Name		Title/Position	Home Phone #	
Home Address				
Street		City	State	Zip Code
Non-Profit 501 (c)3 Org	anizati	ion MUST ATTACH IRS DETERMINATIO	ON LETTER.	
Name of Organization				
Contact Name		Title/Position	Phone #	
Address				
Street		City	State	Zip Code
State your profession or	occupa	tion:		
Dana and Built and	0	ation manufact Name No. 1 - Otal - O		lv Du
· · · · · · · · · · · · · · · · · · ·	-	ation require New Mexico State Cer of your current certification or licens		Yes □No New Mexico.
Including owner/applican	t, how r	many employees are employed in the	he business?	

The City of Aztec publishes all new busine be published in our local newspaper pleas	<u> </u>	you prefer your business not to						
Oriented Businesses of the Aztec City Coo	understand that a copy of Chapter 11, Business Licensing and Regulations and Chapter 18 for Adult Oriented Businesses of the Aztec City Code is available upon request or I can visit the City of Aztec's website at www.aztecnm.gov to view and print. Please initial							
Do you need more information?								
We would like to provide all Aztec Business may have about doing business in Aztec.								
	_							
Signature								
It shall be unlawful for any applicant to know information on any license application. I he herein are to the best of my knowledge, true Aztec Business Reference Guide, and an	ereby certify under penalty of peue, correct and complete. I here	rjury that the statements made						
Printed Name	Applicant Signature	Date						
THIS SECT	TION FOR CITY OF AZTEC USE ONLY	1						
BUSINESS LICENSE DIVISION								
Comments:	_							
☐ Approved		Denied						
Signature	Date							
COMMUNITY DEVELOPMENT DEPARTMENT								
Comments:								
☐ Approved		Denied						
Signature	Date							
Temporary License Issued: ☐ Yes Temporary License Expirate		No						
Public Hearing required ☐ Yes	_ _	No						
Public Hearing required	יו ש	10						

Rev. 10-2011 Page 3

Public Hearing required

City Of Aztec Community Development Checklist

Is the address of the business located inside or outside the city limits of Aztec?		
Including owner/applicant, how many employees are employed in the business?		
Does the business receive public traffic?	□ YES □ NO	
If YES, how many customers per day?		
What are the hours of operation?		
Will there be traffic concentrated during a specific time of day? (specify times)		
What type of off street parking is available, if any?		
Are there any business related vehicles?	□ YES □ NO	
If YES, list each vehicle by make/model and license and where they will be stored overnigh (Use separate sheet)		
Any machinery kept outside (e.g. backhoes, drill rig, etc)?	□ YES □ NO	
If YES, what type and how many?		
Is there any other outside storage (e.g. pipes, engines, tools, etc)?	□ YES □ NO	
If YES, what type, how long, and what is being done to screen from view?		
I, agree to comply with all applicable regulations in the found online at www.aztecnm.gov or in the City Clerk's office located at 201 W. Chao		
Signature of applicant Date		
COMMUNITY DEVELOPMENT USE ONLY		
What is the zone district for this business? NIC A-1 MH R-1 R-2 C-1 C-2 O-1 M-	-1 M-2 PUD	
Is business in compliance with the Zone district? YES NO Stipulations or Restrictions:		

San Juan County Communications Authority

207 S. Oliver Drive Aztec, New Mexico 87410 Phone: (505) 334-6000

Fax: (505) 334-2863

To Whom It May Concern:

As an ongoing process at the 911 Center, we are constantly updating our emergency information for San Juan County businesses. In order to facilitate local Police and Fire departments in providing service 24 hours a day, we need to know whom to contact regarding an emergency (i.e. fire, burglary, open premises, etc.) when the business is closed.

Please complete the following form with emergency contact information for your business and return the form to the San Juan County Communication Center. The information on this form is kept on file at the 911 Center for emergency purposes only.

Thank you in advance for your cooperation.

Business Name:	
Business Address:	
After Hours Number that is Answered:	
IN CASE OF EME	ERGENCY NOTIFY
1 st	
·	Home Number
	Cell Number
2 nd	Home Number
	Cell Number
3^{rd}	
	Home Number
	Cell Number
Alarm Company:	Phone Number